#### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

#### STATEMENT OF ECONOMIC INTERESTS

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RECEIVED FAIR POICOVER PAGE PRACTICES COMMISSINGE

CITY OF LA QUINTA CITY CLERK DEPARTMENT

Please type or print in ink.	<u> при 3:31</u>	. <u>.</u>
NAME OF FILER HENDERSON	<u>≠</u>	(MIDDLE) ${\cal A}$
1. Office, Agency, or Court	) ICERY	
Agency Name  LA QUINTA CITY COO  Division, Board, Department, District, if applicable	NCIL COUNCIL Men	nber
► If filling for multiple positions, list below or on an attachment.		
Agency:	Position:	
State   Multi-County   City of   LA Qui N+A	☐ Judge (Statewide Jurisdiction) ☐ County of	
Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2010, through D 2010or-	(Check one)	·
The period covered is, through De 2010.	ecember 31. O The period covered is Janua leaving office.	ry 1, 2010, inrough the date or
Assuming Office: Date/	O The period covered is of leaving office.	J, through the date
Candidate: Election Year Office s	ought, if different than Part 1:	V <sub>2</sub>
1. Schedule Summary  Check applicable schedules or "None."	► Total number of pages including this co	over page: 5
<ul> <li>Schedule A-1 - Investments - schedule attached</li> <li>✓ Schedule A-2 - Investments - schedule attached</li> <li>✓ Schedule B - Real Property - schedule attached</li> </ul>	Schedule C - Income, Loans, & Busin Schedule D - Income - Gifts - schedule E - Income - Gifts - Travel	ule attached.,
-o None - No repo	r- ortable interests on any schedule	
i Verification		
I certify under penalty of perjury under the laws of the State  Date Signed	e of California tha Sìgnatu	

### SCHEDULE A-2

# Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name Terry Henderson	_

▶ 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Stewardship Services	
Name 54-711 Eisenhower LAQUINTA	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY PEOFESSIOPAL FILUCIARY SERVICE	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  ☐ \$2.000 - \$10,000.
\$10,001 - \$100,000	\$10,001 - \$100,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other	NATURE OF INVESTMENT Sole Proprietorship Partnership Cther
YOUR BUSINESS POSITION PART NER	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
S0 - \$499	S0 - \$499 S10,001 - \$100,000 OVER \$100,000 OVER \$100,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Afrach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF NCOME OF \$10,000 OR MORE (Attactive separate sheet if necessary)
DORAN CALVIN MAY 1'RUST	
◆ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
INVESTMENT REAL PROPERTY	INVESTMENT REAL PROPERTY
Name of Durbon Softs	N. C. D. C.
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
The state of the s	
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST  Property Ownership/Deed of Trust  Stock  Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

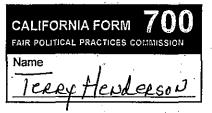
Comments:\_

## **SCHEDULE B** Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name LERRY HENLERSON

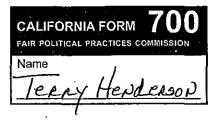
► STREET ADDRESS OR PRECISE LOCATION	I ► STREET ADDRESS OR PRECISE LOCATION
54-685 EISENhower Dr	
CITY	CITY
LA QUINTA	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,600 - \$10,000     \$10,001 - \$100,000       10	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000     \$10,001 - \$100,000     ACQUIRED   DISPOSED   Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$1,001 - \$10,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
MARdi layLor	
1	
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	I lending institutions made in the lender's regular course iblic without regard to your official status. Personal loans of business must be disclosed as follows:
NAME OF LENDER*	
	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	NAME OF LENDER*  ADDRESS (Business Address Acceptable)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable)
	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years) %	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years) %
BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years) % None  HIGHEST BALANCE DURING REPORTING PERIOD	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years) % None  HIGHEST BALANCE DURING REPORTING PERIOD
BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————	ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————

# SCHEDULE D Income – Gifts



► NAME OF SOURCE	► NAME OF SOURCE	
RUTAN AND TUCKER		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
611 ANTON BLUL COSTA MESACA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE 92126	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Attorney		•
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
09,15,10 \$ 80.00		
	\$ 300	
	\$	
➤ NAME OF SOURCE	➤ NAME OF SOURCE	
RSG		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
309 W. 44 St. SANTA AMA CA 93701		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
09 min 80 00		
09,15,10 , 80.00	\$	
\$		
► NAME OF SOURCE	► NAME OF SOURCE	
THE ST SOUNDE	Think of Joonse	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	<del></del>
,		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
		\$ 12.
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
	:_/	
	\$	
Comments:	<u> </u>	
	••	

# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

► NAME OF SOURCE	► NAME OF SOURCE
LEAGUE OF CALIFORNIA CITIES	P NAME OF GODINGE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K Street	Nooned (Basiness Nadiosa Noospasis)
CITY AND STATE	CITY AND STATE
SACRAMONTO CA 95814	
SACRAMENTO CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Advocacy FOR Cities ANL ResideNts	
,	
DATE(S): 0/ 101 10 - 12 131 110 AMT: \$ 2844.55	DATE(S):// AMT: \$
(If applicable)	(If applicable)
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION: TRAVEL, MEALS + Lodging FOR	DESCRIPTION:
Volunteer services as Board member	
OF LCC	
► NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S):	DATE(S):/
(If applicable)	(If applicable)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift: Income
DESCRIPTION:	DESCRIPTION:
·	
	II
Comments:	